

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
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48		1				
49		1				
50		1				
TOTAL IND.			1			
TOTAL DEP.				1		
TOTAL CLAIMS						1

51	1					
52		1				
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100						
TOTAL IND.			3			
TOTAL DEP.			70			
TOTAL CLAIMS			73			